

FILED 24 APR '20 11:05 USDC-ORP

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

## UNITED STATES DISTRICT COURT

for the

4<sup>TH</sup> District of OREGONPORTLAND DivisionCase No. 3:20-cv-00687-MO

(to be filled in by the Clerk's Office)

BRIAN REDMOND

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

"SEE ATTACHED"

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

DEFENDANTS LIST

DEFENDANT No. 1 MULTNOMAH COUNTY, OREGON  
A MUNICIPAL CORPORATION

DEFENDANT No. 2 STATE OF OREGON

DEFENDANT No. 3 MULTNOMAH COUNTY SHERIFF'S OFFICE  
SHERIFF MICHAEL REESE

DEFENDANT No. 4 MULTNOMAH COUNTY HEALTH DEPARTMENT  
CORRECTIONS HEALTH  
MULTNOMAH COUNTY, OREGON

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

BRIAN K. REDMOND

All other names by which  
you have been known:

ID Number

58769

Current Institution

MULTNOMAH COUNTY INVERNESS JAIL

Address

11540 NE INVERNESS DRPORTLANDOR97220

City

State

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name

MULTNOMAH COUNTY OREGON,Job or Title (*if known*)A MUNICIPAL CORPORATION

Shield Number

Employer

Address

PORTLANDOR

City

State

Zip Code



Individual capacity



Official capacity

**Defendant No. 2**

Name

STATE OF OREGONJob or Title (*if known*)

Shield Number

Employer

Address

SALEMOR

City

State

Zip Code



Individual capacity



Official capacity

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

## Defendant No. 3

Name

Job or Title (if known)

Shield Number

Employer

Address

MULTNOMAH COUNTY SHERIFF'S OFFICE  
SHERIFF MICHAEL REESE

PORTLAND

City

OR

State

Zip Code



Individual capacity



Official capacity

## Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

MULTNOMAH COUNTY HEALTH DEPARTMENT  
CORRECTIONS HEALTH  
MULTNOMAH COUNTY, OREGON

PORTLAND

City

OR

State

Zip Code



Individual capacity



Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

UNITED STATES CONSTITUTION, VIII AMENDMENT; BARRING CRUEL AND UNUSUAL PUNISHMENT.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?



- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.
- UNDER THE AUTHORITY OF MULTNOMAH COUNTY AND ALSO UNDER AUTHORITY OF THE STATE OF OREGON THEY WILFULLY VIOLATED MY RIGHT TO BE FREE OF CRUEL AND UNUSUAL TREATMENT WHILE USING THEIR AUTHORITY TO HOLD ME AS A SUPERVISORY AUTHORITY.

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☒ Other (explain) AWAITING APPELLATE RESENTENCING

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

"SEE ATTACHED"

"STATEMENT OF CLAIM, PARAGRAPH IV."

" STATEMENT OF CLAIM  
PARAGRAPH IV. "

B. THE INCIDENT BEGAN AT THE MULTNOMAH COUNTY SHERIFF'S OFFICE, MULTNOMAH COUNTY DETENTION CENTER (MCD) ON 03-10-2020, AND CONTINUED AFTER BEING TRANSFERRED TO THE MULTNOMAH COUNTY SHERIFF'S OFFICE, MULTNOMAH COUNTY INVERNESS JAIL (MCIJ). BOTH FACILITIES ARE LOCATED IN PORTLAND, OREGON IN THE COUNTY OF MULTNOMAH.

C. THE EVENTS GIVING RISE TO MY CLAIM OCCURRED ON 03-10-20 AT APPROXIMATELY 11:00AM.

D. ON 03-10-20 WHILE IN SEGREGATION AT THE MULTNOMAH COUNTY DETENTION CENTER (MCD) I NOTIFIED A MULTNOMAH COUNTY DEPUTY SHERIFF THAT MY RIGHT WAS INFECTED, SWELLED, AND IN SEVERE PAIN. THE DEPUTY REFUSED TO CONTACT MEDICAL STAFF. THEN ON 03-11-20 I WAS TRANSFERRED TO THE MULTNOMAH COUNTY INVERNESS JAIL (MCIJ) AND HOUSED IN A COMMUNAL DORM, "DORM 8". I WAS ABLE TO SPEAK TO A MEDICAL TECHNICIAN ABOUT THE WORSENING CONDITION OF MY THUMB AND THE FACT THAT IN 2012 THE SAME EXACT SITUATION RESULTED IN EMERGENCY SURGERY BECAUSE OF THE LACK OF IMMEDIATE TREATMENT, THE "MED TECH" SAID SHE WOULD "PASS IT ON" TO MEDICAL STAFF. I WAS NOT SEEN BY MEDICAL STAFF THAT DAY, 03-11-20, AND SUBSEQUENTLY FILED A "MEDICAL REQUEST FORM" REQUESTING IMMEDIATE TREATMENT.



APPROVED TO FILE FOR A  
"STATEMENT OF CLAIM"

PARAGRAPH IV

D. (CONT.) THEN ON 03-12-20 I SPOKE WITH AN RN WITHIN DORM 8, AFTER WHICH I WAS INFORMED I WOULD BE "SCHEDULED TO SEE A PROVIDER". THE RN REFUSED TO CONTACT A PROVIDER (DOCTOR) OR HAVE ME TAKEN TO MEDICAL TO HAVE MY THUMB LOOKED AT EVEN THOUGH IT WAS SWOLLEN TO TWICE ITS NORMAL SIZE AND THE PAIN WAS SEVERE. I AGAIN FILED A MEDICAL REQUEST FORM (MRF) TO DOCUMENT MY PAIN AND SUFFERING. THEN ON 03-13-20, THE SAME RN I SPOKE WITH ON 03-12-20, VISITED THE DORM AGAIN AND I AGAIN REQUEST TO BE SEEN BY A PROVIDER OR TAKEN TO THE EMERGENCY ROOM AS THE INFECTION, SWELLING AND PAIN WAS BEYOND BELIEF AND AGAIN EXPLAINING THAT IN 2012 THE SAME INFECTION OF MY RIGHT THUMB RESULTED IN EMERGENCY SURGERY DUE TO LACK OF MEDICAL TREATMENT, THE RN AGAIN REFUSED TO CONTACT A PROVIDER TO ~~DIAGNOSE~~ DIAGNOSE MY CONDITION, OR TAKE ME TO THE EMERGENCY ROOM TO TREAT WHAT WAS BECOMING A RAPID INFECTION. THE RN THEN STATED I WOULD SEE A PROVIDER IN A "WEEK OR TWO". I AGAIN FILED ANOTHER "MRF" TO BEG FOR IMMEDIATE CARE AND COMFORT, TO NO AVAIL. THEN ON 03-14-20

ATTACHED TO PAGE 4 OF 11

"STATEMENT OF CLAIM"

PARAGRAPH IV

D.(CONT.) T AGAIN SPOKE TO AN RN IN DORM 8; STILL NOT KNOWING WHEN I WOULD BE SEEN BY A PROVIDER IN THE MEDICAL DEPARTMENT OF THE MULT.CO. INVERNESS JAIL WHERE I WAS, AND STILL REMAINED HOUSED, AND REPEATEDLY IMPLURED THAT I WAS IN ENORMOUS PAIN AND THAT THE INFECTION AND SWELLING WAS OUT OF CONTROL AND RE-INTERATED THE 2012 EMERGENCY SURGERY THAT WAS REQUIRED TO STOP THE MASSIVE INFECTION, THAT WAS NOW OCCURRING AGAIN. THE RN STATED "THERE IS NO INFECTION" AND THEN STATED "THERE IS ONLY MINOR SWELLING" PROCEEDING TO SQUEEZE MY THUMB CAUSING SEVERE PAIN. HE THEN STATED "YOU'RE ON ASPIRIN AND NAPROXIN AND THAT CAN HANDLE THE PAIN." NOT EVEN AWARE THAT THOSE MEDICATIONS WERE PRESCRIBED BEFORE THIS MEDICAL EMERGENCY FOR UNRELATED MINOR MEDICAL ISSUES. HE THEN "CURTLY" SAID "NEXT" TO THE NEXT INMATE IN LINE AWAITING MEDICATION DISMISSING ME. I FILED ANOTHER "MRF" AGAIN REQUESTING MEDICAL HELP, TO NO AVAIL. THEN ON 03-15-20 THE SAME RN VISITED THE UNIT FROM THE PREVIOUS DAY, A MALE RN, AND AGAIN



~~ATTACHED TO PAGE 4 OF 11~~

"STATEMENT OF CLAIM"

PARAGRAPH IV

D. (CONT.) I EXPLAINED MY SEVERE PAIN AND SUFFERING AND HOW I WAS UNABLE TO EAT HARDLY ANYTHING DUE TO THE PAIN, AND SLEPT FOR ONLY SHORT PERIODS OF TIME. I WAS AGAIN DENIED MEDICAL ATTENTION AND WAS FORCED TO REMAIN IN THE DORM AND TOLD I DID NOT NEED TO SEE A DOCTOR (PROVIDER) OR GO TO THE E.R. AND THAT I WAS SCHEDULED TO SEE A PROVIDER ON 3-23-20 AND HE ALSO REFUSED TO MOVE UP THE DATE OF MY APPOINTMENT EVEN THOUGH MY THUMB WAS NOW THREE TIMES THE SIZE OF THE OPPOSITE THUMB. I FILED ANOTHER "MRF" BEGGING TO BE SEEN, TO NO AVAIL. ON 03-16-20 THE SAME SCENARIO OCCURED WITH THE RN REFUSING TO NOTIFY MEDICAL OR ALLOW A PROVIDER TO LOOK AT MY MEDICAL EMERGENCY SHOWING CONTINUED INDIFFERENCE TO MY SUFFERING. I FILED AN INMATE GRIEVANCE FORM DATED 03-16-2020 TO DOCUMENT AND OBJECT TO THIS CONTINUED DISREGARD FOR MY SEVERE MEDICAL EMERGENCY. ON 03-17-20 I AGAIN SPOKE WITH THE SAME MALE RN AND THE SAME SCENARIO OCCURRED, DISMISSING ME WITH CONTINUED INDIFFERENCE TO MY MEDICAL

"STATEMENT OF CLAIM"

PARAGRAPH IV

D. (CONT.) NEEDS, AND REFUSED AGAIN TO CONTACT A PROVIDER OR TAKE ME TO THE E.R. AT A LOCAL HOSPITAL. MY THUMB WAS SWOLLEN SO SEVERELY THE PRESSURE WAS CAUSING THE SKIN TO TURN WHITE. I BEGGED HIM TO HELP ME EXPLAINING I COULD NOT EAT OR SLEEP BECAUSE OF THE PAIN AND HE STILL REFUSED TO TREAT ME. I FILED A "MRF" ASKING FOR IMMEDIATE HELP, TO NO AVAIL. ON 03-18-20, I AGAIN SPOKE WITH THE SAME MALE RN AND THE SAME EXCHANGE OCCURRED, AND HE AGAIN REFUSED TO HELP ME IN ANY WAY. I FILED ANOTHER "MRF" DOCUMENTING MY SUFFERING. ON 03-19-20, I AGAIN SPOKE TO THE RN BEGGING TO SEE A DOCTOR (PROVIDER) OR BE TAKEN TO THE EMERGENCY ROOM, THE RN STATED "THERE IS NO INFECTION" AND THAT IT "WAS ALL IN MY HEAD" I TOLD HIM AGAIN TO REVIEW MY MEDICAL FILE DETAILING THE 2012 EMERGENCY SURGERY FOR THE SAME THUMB, TO WHICH HE REPLIED "I REVIEWED IT ALREADY, AND I'M NOT CONCERNED." HE AGAIN REFUSED TO TREAT ME OR SEEK MORE QUALIFIED MEDICAL HELP AND LEFT THE DORM. I WAITED UNTIL THE RN LEFT THE UNIT (DORM) AND ASKED THE DORM DEPUTY ON DUTY, DEBETH WENZEL, TO PLEASE CALL THE HEAD NURSE TO LOOK AT THE MASSIVE INFECTION AND SWELLING AND TO PLEASE HELP ME. DEBETH WENZEL CONTACTED



ATTACHED TO PAGE 1 OF 11

## " STATEMENT OF CLAIM "

## PARAGRAPH IV

D.(CONT.) MEDICAL AND IN JUST A FEW MINUTES THE HEAD NURSE ON DUTY CAME TO THE DORM. SHE TOOK ONE LOOK AT MY THUMB, JUST MINUTES AFTER THE RN DISMISSED MY MEDICAL EMERGENCY, AND STATED " HE NEEDS TO GO TO THE HOSPITAL! " SHE IMMEDIATELY CONTACTED THE PROVIDER ON DUTY AT "MCIJ." THE PROVIDER STATED THAT HE HAD SPOKEN TO THE RN IN QUESTION AND HE HAD DIAGNOSED THAT I DID NOT NEED URGENT TREATMENT AND THAT IT COULD WAIT UNTIL THE 23<sup>RD</sup> OF MARCH; FOUR DAYS FROM FROM THAT DAY'S DATE. I ASKED HER WHAT SHE THOUGHT? SHE IMMEDIATELY RESPONDED THAT I WOULD BE TAKEN TO THE EMERGENCY ROOM AT PROVIDENCE HOSPITAL THE FOLLOWING DAY, AND THAT I WOULD BE IMMEDIATELY PRESCRIBED ANTIBIOTICS TO TRY TO REDUCE THE SWELLING AND COMBAT THE MASSIVE INFECTION, SO SEVERE, THE RN REQUESTED TWO (2) POWERFUL ANTIBIOTICS AT THE SAME TIME. I AGAIN ALSO BEGGED FOR PAIN MEDICATION DUE TO MY INABILITY TO EAT OR SLEEP, THE RN REFUSED TO ISSUE PAIN MEDICATION AT THAT TIME. ON 03-20-20 I WAS TRANSPORTED TO THE EMERGENCY ROOM AT PROVIDENCE HOSPITAL IN PORTLAND, OREGON



ATTACHED TO PAGE FOUR

"STATEMENT OF CLAIM"

PARAGRAPH IV

D.(CONT.) WHERE I ~~RECEIVED~~ RECEIVED EMERGENCY SURGERY BY AN UNIDENTIFIED INDIVIDUAL AFTER BOTH A SPECIALIST AND PLASTIC SURGEON REFUSED TO RESPOND TO THE EMERGENCY ROOM. THE INFECTION AND SWELLING WERE SO SEVERE THE INDIVIDUAL WHO PERFORMED THE SURGERY HAD TO PLACE A DRAINAGE TUBE THROUGH THE PAD OF MY THUMB, PERPENDICULAR TO THE THUMB, DUE TO THE AMOUNT OF FLUID CONTAINED IN IT.

\* PRIOR TO THIS OPERATION AND TRANSPORT TO PROVIDENCE'S E.R. THE PROVIDER WHO SPOKE WITH THE HEAD RN THE PREVIOUS DAY STATED "I AM GOING TO DO THE SURGERY HERE AT "MCIT"" EVEN THOUGH THE PROVIDER IN QUESTION IS ONLY A "NURSE PRACTITIONER". I REFUSED TO ALLOW HIM TO PROCEED AFTER BECOMING AWARE HE WAS NOT A PHD OR A SURGEON, AFTER HE CONSULTED WITH ANOTHER MEDICAL STAFF MEMBER, HE WAS INFORMED THAT I WOULD BE TRANSPORTED TO PROVIDENCE'S ER BECAUSE "MCIT" DIDN'T OPERATE ON FINGERS OR EYES." AFTER RETURNING TO THE INSTITUTION "MCIT", I WAS PRESCRIBED "NORCO", GENERIC VICODAN, WHICH I HAVE A DOCUMENTED SEVERE REACTION TO. I HAD NO OTHER ALTERNATIVE BUT TO TAKE THIS MEDICATION FOR THE HORRENDOUS

4  
"STATEMENT OF CLAIM"  
PARAGRAPH IV

D.(CONT.) PAIN AND SUFFERING CAUSED BY THE EMERGENCY SURGERY AND THE INFECTION, SWELLING AND INFORMED THE MEDICAL STAFF THAT I WOULD SUFFER FROM SEVERE AND POTENTIALLY CATASTROPHIC CONSTIPATION IF I CONTINUED USING NORCO. THE MEDICAL STAFF REFUSED TO ADJUST MY MEDICATION, KNOWING FULL WELL THAT I WAS ALLERGIC TO NORCO, AND MAKING A CLAIM IN A MEMO DATED 03-21-20 "THIS IS WHAT YOU WERE PRESCRIBED AT THE HOSPITAL"(EXHIBIT 1) WHICH IS FALSE, AND CAN BE EASILY VERIFIED BY THE HOSPITAL RECORDS WHICH THE MULTNOMAH COUNTY HEALTH DEPARTMENT, CORRECTIONS HEALTH (MCTJ MEDICAL DEPARTMENT) REFUSES TO TURN OVER. (EXHIBIT 2) MEDICAL STAFF STATED IN THE MEMO DATED 03-21-20 (EXHIBIT 1) THAT I COULD "REFUSE" TO TAKE THE PAIN MEDS, BUT THAT THEY WOULD NOT PRESCRIBE AN ALTERNATIVE LEAVING ME WITH NOT CHOICE BUT TO SUFFER PAIN EITHER FROM A FECAL IMPACT OR POST-OPERATIVE TRAUMA. I TOOK THE PAIN MEDS UNTIL I COULD NO LONGER PRODUCE A BOWEL MOVEMENT (BM) BECAUSE I COULD NOT HANDLE THE POST-OPERATIVE PAIN AND SUFFERING, THAT LASTED SEVERAL DAYS. I THEN REQUESTED AND FINALLY RECEIVED, AFTER SEVERAL DAYS, A LAXATIVE, THIS AFTER SUFFERING DAYS OF



" STATEMENT OF CLAIM "

PARAGRAPH IV

D. (CONT.) SEVERE CONSTIPATION CAUSED BY THE MEDICATION.

I REPEATEDLY INFORMED THEM OF I WAS ALLERGIC TO. FROM 03-20-20 THROUGH 03-31-20 THE MEDICAL STAFF WAS INSTRUCTED BY THE PROVIDENCE HOSPITAL POST OPERATIVE STAFF TO REBANDAGE MY THUMB 3x PER DAY, AFTER SOAKING MY THUMB TO HELP REMOVE THE FLUIDS STILL IN MY THUMB AND TO CLEAR THE "DRAINAGE TUBE" SURGICALLY IMPLANTED" IN MY THUMB. THE MEDICAL STAFF HERE AT "MCIJ" REFUSED TO DO ANY OF THE POST-OPERATIVE PROCEDURES "PRESCRIBED" BY THE MEDICAL STAFF AT PROVIDENCE HOSPITAL, EVEN ALLOWING THE SAME BANDAGE TO REMAIN ON THE WOUND FOR THREE-DAYS. THE CONTINUED LACK OF ANY COMPASSION AND THE DELIBERATE INDIFFERENCE OF THE ENTIRE STAFF OF THE MULTNOMAH COUNTY HEALTH DEPARTMENT'S CORRECTIONS HEALTH SERVICES, CAN BE SHOWN BE A REVIEW OF THE RECORDS THAT HAVE BEEN DENIED ME, AND THE MULTIPLE "MRES" THAT WERE FILED DURING THIS DELIBERATE ACT OF INDIFFERENCE ON THE PART OF ALL INVOLVED.

PARAGRAPH V.

PERMANENT DISFIGUREMENT OF THUMB, SEVERE EMOTIONAL AND PSYCHOLOGICAL TRAUMA.



Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

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C. What date and approximate time did the events giving rise to your claim(s) occur?

" SEE ATTACHED "

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D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

" SEE ATTACHED "

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V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

" SEE ATTACHED "

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VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

1. REPRIMAND AND/OR TERMINATION OF MEDICAL AND SECURITY PERSONNEL INVOLVED.
2. COMPLETE TOP-DOWN REVIEW OF EMERGENCY MEDICAL PROCEDURES CONCERNING "PRETRIAL DETAINEES" AND "INMATES" HELD WITHIN ALL MULTNOMAH COUNTY DETENTION FACILITIES.
3. \$500,000.00 FOR PAIN AND SUFFERING, RELATING TO PUNITIVE DAMAGES FOR THE ACTS OF DELIBERATE INDIFFERENCE
4. REPAIR OF ALL DAMAGES TO MY THUMB, INCLUDED BUT NOT LIMITED TO PLASTIC SURGERY

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

MULTNOMAH COUNTY DETENTION CENTER (MCDL)

MULTNOMAH COUNTY INVERNESS JAIL (MCIJ)

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

MEDICAL TREATMENT

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

MULTNOMAH COUNTY INVERNESS JAIL (MCIJ)

2. What did you claim in your grievance?

THAT THE MEDICAL STAFF WAS DISREGARDING MY  
DOCUMENTED MEDICAL NEEDS.

3. What was the result, if any?

NONE

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

THE APPEAL WAS DENIED.



Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I FILLED OUT NUMEROUS "MEDICAL REQUEST FORMS" (MRFs) REQUESTING IMMEDIATE MEDICAL CARE DUE TO INTOLERABLE PAIN AND SUFFERING CAUSED BY MASSIVE SWELLING, A MEDICAL CONDITION FIRST TREATED IN 2012.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

\_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*



**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 04-07-2020

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Brian K Redmond  
BRIAN K. REDMOND  
58769  
11540 NE INVERNESS DR  
PORTLAND OR 97220  
City State Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

\_\_\_\_\_  
City State Zip Code

Telephone Number

E-mail Address

EXHIBIT 1



MULTNOMAH COUNTY  
HEALTH DEPARTMENT  
CORRECTIONS HEALTH

3/21/2020

Brian Kieth Redmond 8-28

**eSWIS: 58769**

We received your Medical Request Form

- You are currently prescribed NORCO 5/325MG TAB three times a day "MAY REFUSE" until 03/27/2020 This is a long lasting narcotic pain reliever. This is what you were prescribed at the hospital.
- There is a low risk of constipation while being on a narcotic pain reliever, you can help prevent this by drinking plenty of water and getting plenty of exercise, as your pain lessens you may refuse the NORCO with out consequence as your thumb heals.
- You also have DOCUSATE SOD 100MG CAP and FIBER LAXATIVE 0.52GM CAP (METAMUCIL) to help prevent constipation.

Health Department  
Multnomah County Oregon  
Inverness Jail/Corrections health

Health Information Services  
426 SW Stark, 7<sup>th</sup> Floor  
Portland, OR 97204  
(503)988-3997  
(503)988-4088

To: Redmond, Brian 58769

From: Multnomah County Corrections Health

Date: 03/26/2020

RE: Obtaining Medical Records from Corrections Health

ORS 179.505 requires that clients be allowed to inspect and/or have copies of their records.

ORS 179.505 also allows agencies to charge clients for copies of their records.

Our policy states that you cannot receive a copy of your medical records until after your release from custody. If you would like to begin this process now, please complete the attached Release of Information (ROI), completing all highlighted areas, and return to medical.

After your release, you may call the above number and ask for Medical Records. If the attached forms have been completed previously, you will be informed of the cost of your records and when they will be ready for pick up or mailing. If the ROI has not been completed, you may pick one up, or we can mail it to you.

If you choose not to pay the photocopying costs directly, we suggest that you sign a Release of Information form to your attorney and have your attorney obtain the records for you. We bill all agencies, insurance companies, attorneys and others to whom records are sent. We do not charge for records that are released to their medical providers.

Please contact Multnomah County Health Information Services at the number above for more information.

Re R.N. Refused to let me have or view my care instruction from the Hospital. 1:30 PM 3-26-20  
They not only refused, but gave me NO ROI form!